STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN4202SNF	A. BUILDING _____ B. WING _____	C 12/03/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND MANOR OF FALLON	550 NORTH SHERMAN ROAD FALLON, NV 89406

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 12/3/09 and finalized on 12/3/09, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. Complaint #NV00023606 was substantiated with deficiencies cited. (See Tags Z230 and Z310) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	Z 000	 **Preparation and/or execution of these Documents and Plan(s) of Correction does not constitute admission or agreement by the Provider, or the truth of the facts alleged or conclusions set forth in the State of Deficiencies. These Documents and Plan(s) of Correction are prepared and/or executed solely because it is required by the provisions of Federal and State law.** **Let this Plan of Correction serve as this facility's credible allegation of compliance.**	
Z230 SS=D	NAC 449.74469 Standards of Care A facility for skilled nursing shall provide to each patient in the facility the services and treatment that are necessary to attain and maintain the patient's highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment conducted pursuant to NAC 449.74433 and the plan of care developed pursuant to NAC 449.74439.	Z230		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kathleen Broderick — TITLE: Administrator — (X6) DATE: 12/21/09

Bureau of Health Care Quality & Compliance

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Z230	Continued From page 1 This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to have evidence that a physician's order for a hospice evaluation on 9/8/09 was followed and failed to have evidence that the Power of Attorney (POA) had denied hospice services for one resident. (Resident #1) On 9/8/09, the physician noted he had examined the resident and spoken with the POA and an agreement was for hospice care. The administrator reported that the hospice evaluation was not done as the POA did not want any additional services provided to the resident, but had no record of the POA's request. Severity: 2 Scope: 1	Z230	**Z 230 Standards of Care** **It is the policy of this Facility to provide services and treatment that are necessary to attain/maintain the highest practicable physical,mental and psychosocial well-being.** **All residents have the potential of being affected by this policy.** **The DON/Designee will monitor Dr. orders for Hospice evaluations and will ensure that the families response is documented in the Nurses progress notes and care planned accordingly.** **The DON/Designee will monitor 10% of all Hospice orders for six months to ensure compliance and will report to the CQI meeting monthly for review and recommendations if needed.**	12/25/09
Z310 SS=A	NAC449.74493 Notification of Changes or Condition 1. A facility for skilled nursing shall immediately notify a patient, the patient's legal representative or an interested member of the patient's family, if known, and, if appropriate, the patient's physician, when: (a) The patient has been injured in an accident and may require treatment from a physician; (b) The patient's physical, mental or psychosocial health has deteriorated and resulted in medical complications or is threatening the patient's life; (c) There is a need to discontinue the current treatment of the patient because of adverse consequences caused by that treatment or to commence a new type of treatment; (d) The patient will be transferred or discharged from the facility; (e) The patient will be assigned to another room or assigned a new roommate; or (f) There is any change in federal or state law that	Z310	**Z310 Notification of Changes or Condition.** **It is the policy of the Facility to inform the patient,family legal representative or interested member of the patient's family of any changes.** **All residents have the potential of being affected by this policy.**	

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Z310	Continued From page 2 affects the rights of the patient. This Regulation is not met as evidenced by: Based on record review, the facility failed to notify and forward billing notices to the responsible party for one resident. (Resident #1) Severity: 1 Scope: 1	Z310	**Bookkeeper will be responsible for directing medical bills to the appropriate payment source. The Bookkeeper will forward mail in a timely manner allowing family members/Guardians to pay within a timely period.** **Bookkeeper will report to the CQI meeting with any concerns for a period of (6) months. The CQI meeting will review with recommendations if needed.**	12/25/09